XXVII.

A NEW TONSILLOTOME.

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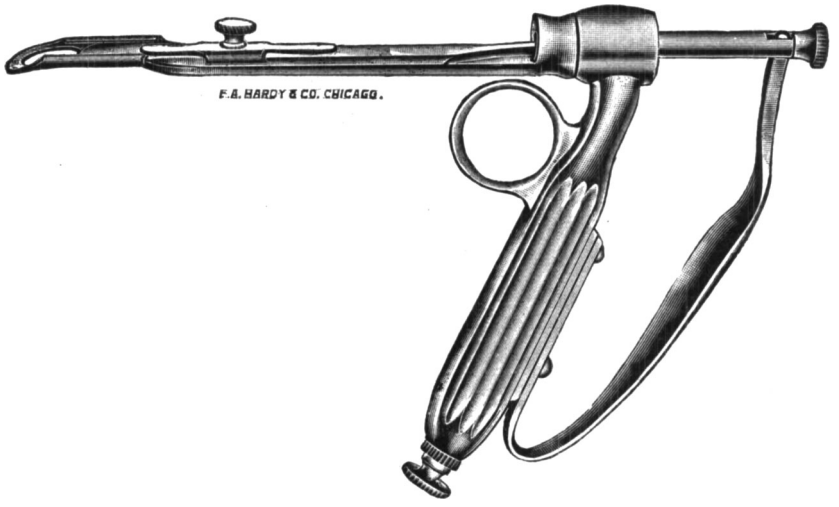
At the meeting of the American Academy of Ophthalmology and Oto-Laryngology, at Denver, Aug. 24-26, 1904, I exhibited a tonsillotome, the handle of which was a continuation of the shaft of the instrument and the blade of which was spring actuated so as to automatically remain back of the fenestra. It was illustrated and described in the Dec., 1904, issue of *The Laryngoscope.*

As a result of further experiment I have changed the instrument so the handle is at less than a right angle to the shaft of the blade. In this way more pressure can be applied in its use, than when placed at the usual angle which is, to an equal degree, more than a right angle. The ring through which the index finger is placed improves the grasp and also serves as an auxiliary handle when adjusting the mouth-gag etc. In order to retain the advantage of the spring actuated handle I have employed a spring quite like the spring of a grapevine shears. In this way it can be used equally well in either hand by one who is not ambidextrous, while in the position shown in cut, if desired, the blade can be revolved so its concavity will be in the opposite direction, by pulling down the button which is at the lower end of the handle, whereby the blade is unlocked, so it can be revolved at will, there being a stop notch on either side. This combination of spring and handle gives to the hand the maximum degree of cutting power.

I retain the form of blade, curved on the flat, which I have previously used in both a Mathieu and an Ermold tonsillotome, whereby the cut conforms to the normal curve of the faucial side walls. With this instrument a tenaculum forceps should be used to pull the tonsil well through the D-shaped fenestrum,

the proximal side of which is made without curve, so as to materially increase its area. The straight edge furthermore conforms to the line of the posterior edge of the anterior pillar, and is therefore better than if curved.

I have as yet had made only one size of this instrument, the fenestrum of which is 1x5/8 inch, which is too large for a small child though large enough for the largest tonsil which I care to remove with a tonsillotome. In all cases, before use,



it is desirable to first sever any attachments which may exist between the tonsil and either pillar. If this is thoroughly done a very large tonsil can be easily pulled through the fenestrum.

By removing the nut at the spring contact end of blade shaft and unlocking the revolving lock, the entire cutting portion can be quickly removed from the handle for sterilization. This tonsillotome has been perfected for me by F. A. Hardy & Co.

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